

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572650

FILING DATE

MAR 20 2006

APPLICANT(S)

3/20/06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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31			/	/	/	/
32			/	/	/	/
33			/	/	/	/
34			/	/	/	/
35			/	/	/	/
36			/	/	/	/
37			/	/	/	/
38			/	/	/	/
39			/	/	/	/
40			/	/	/	/
41			/	/	/	/
42			/	/	/	/
43			/	/	/	/
44			/	/	/	/
45			/	/	/	/
46			/	/	/	/
47			/	/	/	/
48			/	/	/	/
49			/	/	/	/
50			/	/	/	/
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	22	←	22	←
TOTAL CLAIMS			23		23	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						